Reference list for FROSIO re-certification

Inspector name:	Certificate number:

The following table is to be filled in to verify minimum 2 years inspection experience during last five-year period.External contact information required.

Dates (from-to)	Surface treatment inspection activity	Project	Project owner/Company	Project contact details (external): name, telephone and e-mail

…… ……

Name of person signing on behalf of company

Date, signature and stamp

A Leading Certifying Body for Surface Treatment and Insulation Inspectors
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